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	NoMI	NATION PAPER FO	NOMINATION PAPER FOR NONPARTISAN OFFICE	N OFFICE			
Candidate's name (required); no titles may be used. $MARK$ $STEUER$	Ca Str	indidate's residential address reet, fire, or rural route numb $/730~{ m MAM}$	Candidate's residential address (required) <i>No P.O. box addresses</i> Street, fire, or rural route number; box number (if rural route); and name of street or road $/730 \text{ MMCY} \text{ AV}.$	ses ; and name of street or road	Candidate's Town Village City	Candidate's municipality for <u>voting</u> purposes (required) Town Village (name of municipality)	purposes (required) BAY unicipality)
Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality) 1730 NANCY AV. GREEN BAY	Urposes (required if different than	State (required)	Zip code \$\int 9.303	Type of election (required) Spring special		Election date (required) Do not use primary date Mo/Day/Year 7 - 5 - 2 2	not use primary date.
Title of office (required) ALDER PERSON		Branch, district or seat number (required if applicable) ☐ Branch ☑ District ☐ Seat ☐ Seat	(required if applicable)	Name of jurisdiction or district in which candidate seeks office (required) (17) OF GREEN BAY	SREEN	seeks office (required)	
I, the undersigned, request that the candidate, whose name and residential address are opportunity to vote for □ him or □ her for the office listed above. I am eligible to vote paper of any other candidate for the same office at this election.	se name and residential add re listed above. I am eligible this election.	ress are listed above, b to vote in the jurisdict	sidential address are listed above, be placed on the ballot at the election described above as a candidate so that voters will have the I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination	t the election described he candidate named ab	above as a cand ove seeks office.	lidate so that voter. I have not signed t	s will have the the nomination
The municipality used for mailing purposes, when different than municipality of residence,	s, when different than m	unicipality of reside	nce, is not sufficient.	The name of the municipality of residence must always be listed	nicipality of re	sidence must alw	vays be listed.
Signatures of Electors	Printed Name of Electors	Electors	dential Address it and Number or il address must al	s (No P.O. Box Addresses) Rural Route so include box or fire no.)	Municipality of Residence Check the type and write the name of your municipality for voting purposes.	Residence Ind write the name Ity for voting	Date of Signing Mo/Day/Year
1. Parall + Mala	ROWALD F. M	MAZOLA	1480 Peru	5 5 3701	O Village Concession	GARCEU BAY	12/9/21
2. Linda Jolly	linda Ja	1/4	1154 Kell	of 5 57 5°	Down Orech	en Bay	12/9/21
3. Klackarl Chr.	D. Richard	Parins	1402 Kell	ogg Str	Uvillage SHC	cen by	12/9/21
4. I make taken	LINDA PAR	SMI	1402 Kei	loga Sts	□ Town □ Village ☑ City ☑ City	en Bey	18-2/K)
5. Showard	JEFFERY OSE	ORNE	SHY GRAY	5.	O Village ORES	JBAY	12/9/21
6. Cho Potto Jan 20	Circly By	terfield	1724 Man	CY AVES	Uvillage CCC	in Bow	12/2/21
" Jusepher Withith	Joseph G. W	ates molen	1334 Kello	k St. S	□ Town □ Village □ City □ City	1 Bay	12/15/21
2 to the termolon	MARY L. W	ATERMOLEN	1334 Ke	112 575	O Village	en Bay	12/15/21
9. Michael	WILLIAM U.	STELLER	1710 Dousn	now St. 5	O Village	EN Boy	12/15/2
10 Pearle Chilm	Jennifer So	hmohe 1	1806 Nancy A	No Si	O Village Cach	<i>S</i> 2	215/21
MARK STEUER		CERTIFICATION OF C	IRCULATOR / 730	NAWCY AV	WE. G	REEN BA	14 W) 54303
(Name of circulator) I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from yoting under Wis. Stat. §6.03. I personally	isconsin, or a U.S. citizen, ag	e 18 or older who, if I v	(Ci were a resident of this st	(Circulator's residential address - Include number, street, and municipality.) state, would not be disqualified from voting under Wis. State, would not be disqualified from voting under Wis. States and the state of the state o	Include number, stre	et, and municipality.) ngunder Wis. Stat.	§6.03. I personally
that each person signed the paper with full knowledge of its content on the date indicated opposite his or harmonic respective esidences given. I intend to support this candidate. aware that folishing this contification is nunichable under Wis Stat 6.12.13/3/a)	dge of its content on the date	te indicated opposite h	is or her name. I know	their respective residen	ces given. I inter	nd to support this c	andidate. I am

E1-169 | Rev 2019-10 | Wisconsin Flertions Commission P O Rox 7984 Madison WI 53707-7984 | 608-261-2028 | web: elections wi gov | emails (Signature of circulator)

aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a). $\sqrt{2-/5-2}$

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OMINATION
PAPER FOR
NONPARTISAN
OFFICE

Non	NOMINATION PAPER FOR NONPARTISAN OFFICE	OR NONPARTISAN	OFFICE	
Candidate's name (required); no titles may be used.	Candidate's residential address	Candidate's residential address (required) No P.O. box addresses		Candidate's municipality for voting purposes (required)
MARK STEVER	Street, fire, or rural route number; box number (if rur / 730 NANCY AV.	Street, fire, or rural route number; box number (if rural route); and name of street or road /730 NANCY AV.	12	Village (name of municipality)
Candidate's mailing address, including municipality for mailing purposes (required if different than	n State (required) Zip code	Zip code	Type of election (required)	Election date (required) Do not use primary date.
residential address or voting municipality) 1730 NANCY AVE. GREEN BAY	8	54303	⊠ spring □ special	$\frac{\text{Mo/Day/Year}}{4-S-22}$
Title of office (required)	Branch, district or seat number (required if applicable)	(required if applicable)	Name of jurisdiction or district in which candidate seeks office (required)	h candidate seeks office (required)
ALDERPERSON	Branch Constrict		CITY OF GREEN BAY	EEN BAY
), the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate so that voters will have the opportunity to vote for □ him or □ her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.	ddress are listed above, I ole to vote in the jurisdict	oe placed on the ballot at ion or district in which th	: the election described above ne candidate named above see	as a candidate so that voters will have the ks office. I have not signed the nomination

(Name of circulator)	, MARK STENER	10. DW X DOWN	9. Spin A Objects	8. M. Came	Mary Hillo	6. When Show the	5. Ohnue & tiles	4. Sarah Destros	3. Walter Hilles	2. Klam/ Dur	1. Mortha Hitcheory	Signatures of Electors
2	CERTIFICATION OF C	Toni L. Ddapas	KEVIN A ODGERS	Leanne Crawer	Margaret H Miller	DEBBIE Homicron	Anne Stiles	Sarah Destree	Walter H. Stiles	Elizabeth Steffal	MARTHA HITCHCOCK	Residential Address (No P.O. Box Addresses) Signatures of Electors Printed Name of Electors Printed Name of Electors Residential Address (No P.O. Box Addresses) Street and Number or Rural Route of your municipality for voting purposes. Mo/Day/Year
(Circulator's residential address	IRCULATOR	1D19 Dark St &	1019 Park Str. 5	702 Neville Ares	830 Winterd Ares	BARUNER AU 5	1122 Neville Ave.	1122 Neville Auto	1122 Neville Aver	1034 Wilson Ave &	1730 NANCY AVENUEC	Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no.)
(Circulator's residential address - Include number, street, and municipality.)	E GREEN BAY	Oringe AMA	Town Solver Solver Solver Solver	Grown Giry Green Buy	Ovillage OHEN DAY	Ovillage CREEN BAY	Ovillage Green Bay	O Town O TOWN O TOWN OF THE OTHER PROPERTY OTHER PROPERTY OF THE OTHER PROPERTY OTHER PROPERTY OF THE OTHER PROPERTY OTHER PROPERTY OTHER PROPERTY OTHER PROPERTY OTHER PROPERTY	Ovillage Creen Lay	a city of REM BAY	Drown Cillage GREEN BAY	Municipality of Residence Check the type and write the name of your municipality for voting purposes.
6000	54363	12/22/21	12/22/21	12-21-21	12-21-21	12-21-21	12-21-2	12-2-21	12-2-21	12/8/21	16/21/61	Date of Signing Mo/Day/Year

aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a). 12-21-21that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. 96.03. I personally

(Signature of circulator)

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Candidate's name (required); no titles may be used. Candidate's realized by Candidate's realized proposes (required) Candidate's realized proposes (REEN BAY Branch, distrest fice listed above. I am eligible to vote at this election. Printed Name of Electors Printed Name of Electors PRENCE NOE Printed Name of Electors	Candidate's residential address (required) No P.O. box Street, fire, or rural route number; box number (if rura 1730 MAXY A V WI State (required) Branch, district or seat number (required if applicable) Branch A District Seat address are listed above, be placed on the bajible to vote in the jurisdiction or district in wind in municipality of residence, is not sufficient of the street and Number (Rural address must) FRANK 1739 M FRANK 1739 M CANDIDATE A CANDIDATE CANDIDATE CANDIDATE CANDIDATE A CANDIDATE CANDID	Candidate's residential address (required) No P.O. box addresses	Type of election (required) Type of election (required) Spring Special special special mame of jurisdiction or district in wh C) TY OF Condition of the municipal of your of the purpo de box or fire no.) de box or fire no.) municipal of your of	and name of street or road Type of election (required) Special Special Name of jurisdiction or district in which candidate seeks office (required) Do not use primary date (required) Do not	te's municipality for voting purposes (required) The transport of municipality) Election date (required) Do not use primary date Mo/Day/Year Mo/Day/Year A 5-22 date seeks office (required) ELL BAY andidate so that voters will have the ice. I have not signed the nomination fresidence must always be listed. of Residence e and write the name ipality for voting Mo/Day/Year Mo/Day/Year	will have the ne nomination Date of Signing Mo/Day/Year Mo/Day/Year
I, the undersigned, request that the candidate, who opportunity to vote for him or her for the office at paper of any other candidate for the same office at The municipality used for mailing purpose	se name and residential address ce listed above. I am eligible to vothis election.	are listed above, be ote in the jurisdictio in the jurisdictio in the jurisdiction in	placed on the ballot at t n or district in which the e, is not sufficient. To	he election described a candidate named abo	above as a candidate so ve seeks office. I have icipality of residence	o that voters will not signed the n	have the nomination be listed.
Signatures of Electors	Printed Name of Elect	ors Re	esidential Address (No P reet and Number or Rural I ural address must also inclu	ox Addresses) x or fire no.)	Municipality of Reside Check the type and write in of your municipality for volumposes.	lame	e of Signing /Day/Year
1. Horncel Firon	FLORENCE F	, KON (117 GRAY	STay	O'Village (TREEN)	BAY 12	20-21
2. Carol Frank	CAROL FE	(,	729 NANC	* ADES	or Town village or City	n.Bay/s	7-22-21
3 Spanson Span	Showon Lain		1716 Name	Ave s	O Village GOLON C	1d-	1-22-2V
4. Eldel Booker	Edward, Mo	roon	1716 Navio	on Abes	ority Gran	Sound 10	1-22-21
5.		C		С	□ Town □ Village □ City	C	
6.					□ Town □ Village □ City		
7.					□ Town □ Village □ City		
œ					□ Town □ Village □ City		

CERTIFICATION OF CIRCULATOR

certify: I reside at _

SARCY

JREEN BAY, WI 54303

□ Town
□ Village
□ City

□ Town
□ Village
□ City

(Name of circulator)

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10.

circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. §6.03. I personally (Circulator's residential address - Include number, street, and municipality.)

(Signature of circulator)

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